

GIC Health Plan Rates – Monthly Rates *as of July 1, 2009*

**For BLUE HILLS REGIONAL SCHOOL DISTRICT
ENROLLEES**



Commonwealth of Massachusetts
Group Insurance Commission

Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE

Includes 0.33% Administrative Fee



	TEACHERS Enrolled in GIC <i>Before July 1, 2009</i>			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$40.57	\$ 97.38	15%	\$ 60.86	\$146.06
Fallon Community Health Plan Select Care	10%	\$49.20	\$118.07	15%	\$ 73.80	\$177.11
Harvard Pilgrim Independence Plan	10%	\$52.63	\$127.37	15%	\$ 78.94	\$191.06
Health New England	10%	\$43.11	\$106.86	15%	\$ 64.67	\$160.29
Navigator by Tufts Health Plan	10%	\$51.91	\$125.07	15%	\$ 77.86	\$187.61
NHP Care (<i>Neighborhood Health Plan</i>)	10%	\$41.68	\$110.46	15%	\$ 62.52	\$165.69
UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>)	10%	\$76.76	\$179.18	15%	\$115.13	\$268.77
UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>)	10%	\$73.20	\$170.94	15%	\$109.80	\$256.41
UniCare State Indemnity Plan/ Community Choice	10%	\$41.13	\$ 98.71	15%	\$ 61.69	\$148.06
UniCare State Indemnity Plan/PLUS	10%	\$53.24	\$127.07	15%	\$ 79.87	\$190.60

Retirees and Survivors *WITH* MEDICARE

	TEACHERS Enrolled in GIC <i>Before July 1, 2009</i>		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
HEALTH PLAN	%	\$	%	\$
Fallon Senior Plan*	10%	\$20.02	15%	\$30.02
Harvard Pilgrim Medicare Enhance	10%	\$35.00	15%	\$52.50
Health New England MedPlus	10%	\$36.34	15%	\$54.50
Tufts Health Plan Medicare Complement	10%	\$32.16	15%	\$48.24
Tufts Health Plan Medicare Preferred*	10%	\$17.81	15%	\$26.71
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>)	10%	\$35.30	15%	\$52.95
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>)	10%	\$34.24	15%	\$51.35

* Rates are subject to federal approval and may change January 1, 2010.

Rates are Calculated by the Blue Hills Regional School District Benefits Office.

Rate questions? Call: Finance Office 781.828.5800 x336